

EXHIBIT A

AUTHORIZATION FOR RELEASE OF INFORMATION NCIC (National Crime Information Center) CHECK

I hereby authorize a representative of the MS Department of Corrections to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at MDOC facility. I also understand that refusal to provide all necessary information may result in 1) denial of entry into a MDOC facility and 2) denial of volunteer/contract status.

COMPLETE ALL INFORMATION:

1. Name (Last, First, Middle):	
2. Address (Street address) (City, State, County, Zip Code):	
3. Home Telephone Number (Area Code, Number):	
4. Aliases/Nickname:	
5. Citizenship (List the country you are a citizen of):	
6. Social Security Number:	
7. Driver's License Number & State Issued:	
8. Date of Birth (Month, Day, Year):	
8a. Sex:	8b. Race:
8c. Height:	8d. Weight:
8e. Color of Eyes:	8f. Color of Hair:
9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A):	
10. The above listed information is true and correct. Applicant's Signature:	10a. Date:

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301